7015
Name & address of vendor

## REPORT OF PARTIAL DELIVERY

State Form 12537 (R 5 / 9-01) Approved by State Board of Accounts, 2001 Approved by Auditor of State, 2001

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Purchase Order date	Required delivery date

I.D.O.A. identification number

Federal I.D. number of vendor

Reporting code1099

Requisition number	Date of requisition
Purchase Order numbe	
Fund / Object / Center	(use all 16 digits)
Account / Project numb	per
Name of requesting age	ency / Approp. number

Check Invoice Information

Invoice Number

Date invoice received (month, day, year)

Goods/Services received (month, day, year)

Internal Contract Terms and Conditions Satisfied (month, day, year)

Exempt: Intergovernmental (Pursuant to IC 5-17-5-2)
Good Faith Dispute (Dispute Pursuant to IC 4-13-2-20 & IC

5-11-10-2)

INSTRUCTIONS:

Use this form only for reporting partial deliveries on a Purchase Order. Use the receiving room copy (part 4) of the Purchase Order for reporting the final delivery on the order. Forward this report without delay to:

AUDITOR OF STATE 200 W WASHINGTON ST RM 234 INDIANAPOLIS IN 46204

This document authorizes the Auditor to pay the claim.

F.O.B. DESTINATION unless otherwise stated below

NOTICE: No price corrections will be permitted after issuance of this Purchase Order.

Contract Line I tem No.	UNIT	QUANTITY RECEIVED	ARTICLE and DESCRIPTION	UNIT PRICE	AMOUNT
			Plassa na	y this Amount:	
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## REQUESTING AGENCY'S CERTIFICATION OF RECEIPT AND COMPLIANCE

Confirmation of	of Receipt	Approval for Payment		
I certify that the items listed above were rece indicated. All commodities appeared to confo patent defects, except as otherwise noted.		I certify that the vendor has performed in accordance with the terms and contract obligations pertaining to this Purchase Order, and hereby authorize and approve payment of appropriate claims.		
Signature of receiver	Typed/printed name	Authorized signature for agency	Typed/printed name	
	Date signed		Date signed	